



Harmony in Healing: The Imperative for Integrating Humanities and Social Sciences in Medical Training

The escalating global burden of non-communicable diseases (NCDs) presents a formidable challenge, not only to the healthcare community but also to societies in general. While the global healthcare community is making consistent progress in reducing premature morbidity and mortality due to most major NCDs, kidney disease-related mortality continues to rise worldwide. Kidney diseases are affected by multiple risk factors, are often missed in early stages, carry a heavy symptom burden, and are associated with catastrophic healthcare expenditure. These challenges are particularly pronounced in lower-resource settings characterized by immature and weak healthcare systems. Cultural, socio-economic and environmental determinants heavily influence the incidence, progression, and management of kidney diseases. Disadvantaged populations, no matter where they are in the world, are at a greater risk of the development and progression of kidney diseases and exhibit heightened vulnerability to their inequitable impacts. The nexus between poverty, limited education, competing demands of life, and inadequate access to healthcare contributes significantly to the disproportionate burden of kidney diseases, exacerbating pre-existing health and social disparities. In these resource-constrained settings, where the social safety net in case of illnesses and healthcare infrastructure are underdeveloped, and healthcare expenditure is predominantly out-of-pocket, care delivery is inevitably inequitable. As a result, a large proportion of individuals grappling with kidney diseases face major barriers to timely diagnosis, treatment, and ongoing care. Kidney diseases are complex, and nephrologists have to make difficult

decisions while providing care, such as dialysis and transplantation, which get exacerbated in situations of war, conflicts, and disasters (such as during COVID-19 and many ongoing conflicts around the world).

Clinical medicine has traditionally focused on the biological underpinnings of health and disease, with an emphasis on diagnosis, treatment, and prevention using biomedical approaches, including sophisticated technology and therapies. A growing body of evidence suggests, however, that overlooking the social and economic dimensions that play a pivotal role in shaping health outcomes reduces the societies' ability to provide optimal patient care. This is even more pronounced in contexts where social and financial constraints hinder access to essential medical services, which makes a holistic approach—one that considers the complex interplay between biological, social, cultural, economic and psychological factors—essential. An understanding of history and the social context provides valuable insights into the root causes and dynamics of current situations.

Students enter medical college in India directly after finishing school with little opportunity to engage in courses that offer a broader multidisciplinary engagement. Even in school, much time is spent on intensive and focussed 'coaching' to maximise the chances of getting into professional education streams. Medical education itself is largely science-oriented, with a strong emphasis on the biological and clinical aspects of medicine, with the only opportunity to understand the social determinants of health and community-oriented healthcare being through the subject of Community Medicine during undergraduate teaching. Sadly, this topic is deprioritised by medical

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students intent on developing the technical competence for specialised medical careers to emulate role models in clinical medicine. Few, if any, efforts are made to foster and cultivate professionalism, empathy, cultural competence, and ethical reasoning, all of which draw from principles found in social sciences and humanities.

Without training in social sciences and humanities, newly minted physicians struggle to fully understand the social determinants influencing a patient's health. An inadequate understanding of these factors results in suboptimal patient engagement and the development of a life-course approach to care, including tailored plans that address the broader context of patients' lives and adherence to them. Consequences of the lack of such training include limited understanding and engagement of patient and societal values and preferences, cultural insensitivity and miscommunication, difficulties navigating complex ethical dilemmas, reduced interdisciplinary collaboration, and inability to engage in shared decision-making, leading to the perpetuation of health disparities and inequities. Collectively, they undermine the trust between patients and healthcare providers, misaligned prioritization of care, reduced patient satisfaction, poorer individual and community level health outcomes and high healthcare expenditure.

Nephrologists not trained to consider the broader social and psychological aspects of patient care may also experience higher levels of frustration, emotional exhaustion, and decreased professional satisfaction, leading sometimes to burnout.

A paradigm shift, therefore, is imperative, necessitating an integrated approach that draws upon insights from the social sciences and humanities to address the intricate interplay between the rising prevalence of kidney diseases, inequitable access to preventive and curative treatments, and socio-economic factors in these vulnerable settings. Such an approach requires exposure to and training in aspects of social sciences and humanities as an essential complement to traditional biomedical training. Education in humanities and social sciences fosters an interdisciplinary mindset, helping nephrologists work effectively with professionals from diverse fields. Humanities education promotes a commitment to social justice and human rights. Nephrologists with this background are more likely to advocate for vulnerable populations and contribute to policies that address the underlying social determinants of health. The study of literature, philosophy, and psychology equips physicians with insights into human resilience and coping strategies.

So what would it take to incorporate education from the social sciences and humanities into medical curricula? New initiatives by the National Medical Council have taken a broader view of medical education, including competencies related to communication skills, bioethics, professionalism, and understanding of the social determinants of health.

Most medical colleges, however, do not have the resources to provide such training.

We need to build upon these excellent initiatives. The essential starting point is the development of interdisciplinary courses that integrate content from sociology, psychology, anthropology, ethics, and cultural studies into medical curricula. Such courses should be integrated throughout the entire medical education, including in postgraduate (MD, MS) and post-doctoral (DM, MCh) training to ensure that physicians continuously apply and reinforce this knowledge in various clinical contexts, promoting a sustained appreciation for its importance, rather than as isolated modules during undergraduate education. This should be supported by real-world clinical experiences, experiential learning and case studies that highlight the social, cultural, and ethical dimensions of patient care. Students should be trained in reflexive practice by reflecting on their experiences, considering the social and ethical dimensions of their decisions, and continuously striving for self-improvement as compassionate and culturally competent healthcare providers. Together, this approach will allow trainee physicians and nephrologists to develop cultural competence, empathy, and a nuanced understanding of the social determinants of health and directly apply theoretical knowledge to practical scenarios, enhancing their ability to integrate these perspectives into their clinical practice. Assessment methods should include evaluation of competence in applying social sciences and humanities knowledge to clinical scenarios. Finally, such curricula should be regularly evaluated and updated to ensure they remain responsive to emerging research, healthcare trends, and societal changes.

This initiative should not be aimed only at students and trainees. Training and ongoing professional development of faculty members are critical to ensure they are well-equipped to teach and integrate social sciences and humanities into the curriculum.

Developing and implementing this suite of training will involve collaboration between the medical college and other university departments, such as sociology, psychology, philosophy, ethics and anthropology, and training the medical faculty in effective teaching methodologies, case-based learning, and the latest developments in these fields.

A medical education system rooted in an exclusive focus on the biological aspects of medicine may foster resistance to adopting new and more holistic approaches. This resistance can hinder the integration of emerging research and innovations, emphasising the importance of social and humanistic perspectives in healthcare. This makes it critical that all relevant stakeholders are actively engaged in this process.

The status of social sciences and humanities education in medical and premedical courses around the world

Box: Best practices and approaches to integrate humanities and social sciences into medical training

- Interdisciplinary coursework
 - Longitudinal Integration throughout the entire medical education – from undergraduate to specialist training
 - Use clinical experiences and case studies to directly apply theoretical knowledge to practical scenarios
 - Experiential Learning – through community-based projects, cultural immersion experiences, and interactions with diverse patient populations
 - Communication Skills Training – through active listening, empathy-building exercises, and strategies for effective patient-provider communication
 - Ethics Training - case-based discussions, debates, and simulations
 - Cultural Competence Programs - workshops, seminars, and immersive experiences
 - Ongoing Faculty Development - effective teaching methodologies, case-based learning, and the latest developments
 - Ensure and foster Diversity Across Institutions – by introducing, integrating and enlarging the extent and nature of social sciences and humanities education
 - Professionalism and Attitude Development - cultivating empathy, cultural competence, and ethical reasoning
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and across institutions is variable and influenced by the prevalent educational philosophies, healthcare systems, and cultural contexts. Some systems place greater importance on “soft skills” in medical practice, including communication, cultural competence, and ethical reasoning. Many Western academic institutions are increasing their focus on global health and are incorporating elements of social sciences and humanities to prepare future healthcare professionals to understand and address health disparities, cultural nuances, and ethical challenges on a global scale. Strangely, that focus is missing in areas with the greatest need for such considerations, such as India.

In conclusion, embracing a multidisciplinary approach encompassing a broad spectrum of knowledge is essential for cultivating compassionate, patient-centered nephrologists who can effectively address the complexities of healthcare in diverse and dynamic societies [Box]. Only through such a holistic understanding can strategies be formulated to mitigate the impact of kidney diseases and advance health equity in regions with limited resources and fragile healthcare infrastructures. The current emphasis on a science-oriented medical curriculum in India needs to change in favour of interdisciplinary courses that include social sciences and humanities in medical curricula, real-world clinical experiences, and ongoing faculty development.